



## Safe Passages Program Intake

*This intake is for survivors of sexual exploitation who are interested in taking part in the Safe Passages healing program.*

The *Safe Passages Program* allows survivors a consistent, safe environment to begin the process of healing from the layers of traumatic incidents they have been exposed to through sexual exploitation.

There are 3 components to the Program (survivors will participate in all three):

- **A 4-week pre-retreat group** In preparation for participating in the *Safe Passages* retreat, women will participate in a 4 week pre-group (one two-hour group session each week, for four weeks). In this group, women will meet other program members, meet program staff and prepare for the healing retreat experience.
- **A 1-week healing retreat.** The *Safe Passages* healing retreat (women remain on-site at the retreat for a week) will provide survivors with a structured and safe program that allows women to understand the impacts of sexual exploitation, and provides intensive therapeutic strategies for long term healing and wellness.
- **A 2-week post-retreat group** Upon completion of the healing retreat, the women will participate in a 2-week post-group to help them integrate their learnings into their day to day lives.

### How to use this Intake Form:

1. Think through whether the trafficked survivor you know may be ready for the program. For example, *Safe Passages* may not be a good fit for survivors who are in crisis, have exited a trafficking situation very recently, those who have not yet developed basic emotional coping skills, and those who do not have basic practical necessities (i.e. safe housing, access to food) in their day to day lives. If you think the trafficked survivor may be ready for the program, move on to the steps outlined below.
2. Print a copy of pages 2-4 of this form before you meet with the trafficked survivor.
3. Introduce the *Safe Passages* program. Share the information printed here (and above) with her. Provide a printed summary of the retreat and its logistics.
4. Let her know that an intake is meant to help the survivor and the *Safe Passages* staff think through who is a good fit ("ready") to take part in the program. It does not guarantee admission to the program or immediately disqualify them from participating.
5. Survivors who are not currently program-ready may be ready in the near future. Don't worry, this form is not a test!
6. Go through the questions on pages 2-4 verbally with the survivor, and write down her responses. Do not take lengthy or detailed notes about her story —just enough to ensure we know the basics.
7. Alternately, you may give pages 2-4 to the survivor and she can complete the form herself.
8. Submit the completed form to **Karen Dean**, [kdean@womenssupportnetwork.ca](mailto:kdean@womenssupportnetwork.ca).

**Safe Passages Program Intake Form**

**1. Personal Information**

First Name and Initial: \_\_\_\_\_

Phone Numbers: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

(Other) \_\_\_\_\_

Which number can we most likely reach you? \_\_\_\_\_

Can we leave a detailed message? \_\_\_\_\_

Can we text you? \_\_\_\_\_

If YES which number \_\_\_\_\_

If no can we leave a message with a counsellor's name and phone number? Y / N

**The following information is for statistical purposes only:**

City you live in: \_\_\_\_\_ Gender: \_\_\_\_\_

AGE CATEGORY: 16-21      22-30      31-40      41-50      51+

**2. Personal history**

*Can you tell me a little about yourself, and how your life experiences are related to the Safe Passages program?*

*What are some of the areas that you would like to work on/want support with? (i.e. talking about feelings, coping, working on relationships, self-care).*

*People utilize a range of coping strategies to deal with feelings, manage difficult situations and survive abuse. While some coping may seem as harmful or negative, they have helped you to survive (e.g. substance use, self-harm, overeating, under-eating etc.).*

*Can you tell me how you manage difficult and stressful periods in your life?*

## Safe Passages Program Intake Form

### 3. Personal life today

*What does your day-to-day routine look like? (Do you work? Attend classes or other community programs? Are you a parent or caregiver to others?)*

*Do you have any health concerns or conditions that we should be aware of? Please include conditions that you manage, such as diabetes, migraine headaches or other chronic pain, seizures, or conditions you take medication for. (If yes, please note below)*

Have you recently been hospitalized? If so when, and under what circumstances.

Are you currently under the care of a Physician? If so who would that be?

*Do you have any safety concerns now or while attending Safe Passages:(If yes, please note below)?*

*Are you currently under any Bail Conditions? If yes, would they permit you to attend the Safe Passages Program?*

*Do you have a support network, or support people? Who makes up your support system? Record non-identifying information only: i.e. "my sister", "mother," "faith leader", "nurse", "social worker at x agency", etc.)*

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### 4. Accessibility

*Are there ways we can help you to take part in the program?*

- Do you require physically accessible space?
- Do you require hearing/audio assistance? E.g. Use of visual material, microphone use in group settings, ASL
- Do you require service/materials in another language other than English?
- Do you require written material in an alternate format? E.g. audio, Braille.
- Do you dislike reading or writing?
- Do you require bus fare or other transportation support?
- Do you have allergies or dietary restrictions?
- Are there other needs you have that are not mentioned here? If yes, please tell us a little more:

**Please provide the name and Telephone Number of your Emergency Contact person**

### 5. Other comments

*Is there anything else you'd like to share that we have not asked? Is there other information that would be helpful for us to know? Do you have any questions or concerns of us?*

Thank you 😊